### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH

1	. PLACE OF DEATH				2. USUAL RI	ESIDENCE	HOME) OF D	ECEASI	ED	
	COUNTY St. Mai	ry's	MA	RYLAND	STATE ME	arylan	d COUNTY	St.	Mary	¹ s
	CITY (If outside corporate limi OR and give nearest town)		LENG	TH OF STAY (his place)	OR		nits, write RURAL	end give ne	eerest town)	
_	TOWN Rural Ga.	liforni	la	yrs		alifor		Rura		
	INSTITUTION OR STREET ADDRESS				STREET ADDRESS		(il tural gi	Ive location	)	
3.	. NAME OF (F	irst)	(Middle)		(Last)	4	. DATE (Mo	onth)	(Day)	(Ye
	(Type or Print) Cat	therine			ell		DEATH J	July	10,	19
	SEX 6. COLOR OR		GLE, MARRIED, DOWED, DIVORCED, CILYWI DOWE		OF BIRTH	9. A	GE last birthday	-		IF UNDER
	emale  White				18,1865	92	yrs.	M'T'	Deys	
10	done during most of working I	life even il	OR INDUSTR		11. BIRTHPLACE (State				U COUNT	OF WH
13	retired) House Wi.	Ie	Home		Californ:		гутапа		0.5.	A .
10.	James H. Ha	ammatt.					Tubman			
15	. WAS DECEASED EVER IN U. S		53 1 16 SOCIAL	L SECURITY NO.		ANT & ADDRE				
		ar or dates of serv					ll Leon	ardt	own,	Md.
I	DISEASES OR CONDITIONS DIRI	ECTLY LEADING 1	TO DEATH	MEDICAL CI	RTIFICATION				INTER	VAL BET
1	7 0	(A)	Card	ree &	selice -				ONSE	I AND L
	/ X / IMMEDIATE CAUSE				0-00-00					
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II 19a	ANTECEDENT CAUSE( ISEASES OR CONDITIONS, IF A IVING RISE TO THE ABOVE CA TATING UNDERLYING CAUSE L  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN  DATE OF OPERATION	(S) DUE TO ANY, (8) AUST. AUST. (C) NS CONTRIBUTING D TO THE NG DEATH. 19b. MAJOR	FINDINGS OF OPER	7	rme				YES	AUTOP:
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192 21a OR (IF 21c	ANTECEDENT CAUSE( ISEASES OR CONDITIONS, IF A IVING RISE TO THE ABOVE CA TATING UNDERLYING CAUSE L  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING DATE OF OPERATION  B. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE EITHER, NOTIFY MEDICAL EXAMING TIME OF INJURY (Month) (	(S) DUE TO ANY, (8) AUST. DUE TO (C) NS CONTRIBUTING ED TO THE NG DEATH 19b. MAJOR  G	FINDINGS OF OPER  ACE (Home, farm, JRY street, office blds lour) 21e. INJURY While M. at work  the deceased fro	OCCURRED Not while et work	21c. WHERE DID INJUR 21f. HOW DID INJUR 19	Y OCCUR?	' <u>6</u> ", 19 5 5	a, that	YES unity)  I last saw ed above	(State
111 192 21a OR (IF 21c	ANTECEDENT CAUSE( ISEASES OR CONDITIONS, IF A IVING RISE TO THE ABOVE CA TATING UNDERLYING CAUSE L  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN B. DATE OF OPERATION  B. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE REITHER, NOTIFY MEDICAL EXAMIN  d. TIME OF INJURY (Month) (  2. I hereby certify tha alive on	(S) DUE TO ANY, (8) AUST.  AUST.  (C) NS CONTRIBUTING DED TO THE NG DEATH.  19b. MAJOR  G	FINDINGS OF OPER  ACE (Home, farm, JRY street, office bids lour)  21e. INJURY  While at work   the deceased fro, and that deceased fro	OCCURRED Not while et work  and the control  om Fut  eath occurred	21f. HOW DID INJUR 21f. HOW DID INJUR 21f. 19	Y OCCUR?  The causes  ADDRESS	and on the (Street, city, tow	date stat	l last saw	(State
11 19 2 1 2 1 2 1 2 1 2 1 2 2 2 2 2 2 3 2 3 2	ANTECEDENT CAUSE ( ISEASES OR CONDITIONS, IF A IVING RISE TO THE ABOVE CA TATING UNDERLYING CAUSE L  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN B. DATE OF OPERATION  B. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE RETHER, NOTIFY MEDICAL EXAMIN  d. TIME OF INJURY (Month) (  2. I hereby certify tha alive on	(S) DUE TO ANY, (8) AUST. DUE TO (C) NS CONTRIBUTING ED TO THE NG DEATH 19b. MAJOR  G	FINDINGS OF OPER  ACE (Home, farm, JRY street, office bids lour)  21e. INJURY While At work the deceased from the deceas	OCCURRED Not while et work	21c. WHERE DID INJUR 21f. HOW DID INJUR 19 5 6, to	Y OCCUR?	and on the	date stat	l last saw	the de

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# PITAL: The law requires that the deal copital or attending physician.

ATTENDING PHYSICIAN OR I

INSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH 8352

08350

	Nogi 200 No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY St. Mary's MARYLAND	STATE Maryland county St. Mary's
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (if outside corporete limits, write RURAL end give nearest town)
TOWN Leonardtown 45 days	X TOWN Rural Great Mills
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle) DECEASED T	(Last) 4. DATE (Month) (Day) (Yeer)
(Type or Print) Louise Lee Ca	of DEATH July 12, 1958
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DA	ATE OF BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS
Female White Widowed Divorced (Specify) Married	1893 65 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if T OR INDUSTRY	11. BIRTHPLACE (Stata or foreign country)  12. CITIZEN OF WHAT COUNTRY?
done during most of working life evan if HOME HOME	Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Marshall	Mary Duggins
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO	O. 17. INFORMANT & ADDRESS
(Yas, nomer unk.) (If Yes, give war or dates of service)	
110110	Hospital Record Leonardtown, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
33/X IMMEDIATE CAUSE (A) Con brolh	21.1
	and the state of t
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	arteris 5 years
(C)	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, fectory,	YES NO 2 1 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work at work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19 2 to July 19 19 3 that I last saw the deceased
alive on 19 195 3 and that death occurre	ed at 9.30. M, from the causes and on the date stated above.
SIGNATURE A	ADDRESS (Street, city, town, state) DATE SIGNET
My	Great M. 41. Kd 17/12/00
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETER)	Y OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	(3)3,6)
Burial   7/14/58   Rivery	
ALGISTANA S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE TO CASO	Jos. W. Bliley Co. Richmond, Virginia

Wir word it

### CERTIFICATE OF DEATH to the same of the MORAL CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF AND THE PROPERTY OF THE PARTY O the spirit seems of the same o

### FOR STATE HEALTH DEPT.

havid be executed within 24 haves after death. If any delay is necessary, please it is pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page miner's Office along with form PM3. Page 5 may be removed for your files. It a burial-transit permit. Elle pages 1 and 2 with the transit permit. Elle pages 1 and 2 with the transit part of the pages 1 and 2 with the transit permit. M

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TO DEPUTY MEDICAL EXAMINER: This certificate si	A	15	ME	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEA 8353

HTA		0.8351	
	Reg.	Dist. No.	

1. PLACE OF DEATH o. COUNTY St. Mary's	MARYLAND	2. USUAL RESIDEN		sed lived. If institu		
b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16			porate limits, write	RURAL and give	e nearest town)
Machanicsville	Moments	Pav	vtucket		70	6 X -3
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street oddress)	d. STREET ADDR		Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First OFCEASED (Type or print) James	Middle Patrick	DUFFY	4. DATE OF DEATH	Mon! Jul		oy Year 1 19 58
o com c o	ED NEVER MARRIED 8.		DEATH	9. AGE (In years	IF UNDER TYEA	1
Male Caucasian WIDOWE			3,1930	27 yrs.	Months Days	
10c. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Airman Apprentice U.	KIND OF BUSINESS OF INDUSTRI	RY 11. BIRTHPLACE	(State or foreign	ountry)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME			
	Deceased) social security No. 17. IN 035 26 16 9		cial U	.S.Nawy.		is, USNAS
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (o), (b), and (c). ] CTURE COMPOUN	D SKULL	DEPRES	SED BAS	1 01	Minutes
816 X DUE TO						
Conditions, if any, which gave rise to immediate cause (b)  [a), stating the underlying DUE TO						
cause last. (c)						
PART II, OTHER SIGNIFICANT CONDITIONS CO						PERFORMED?
Fracture, Rt. Ankle,	Left Clavicl	e,Dislo	eations	and La	cerats.	YES NO NO
№ I PRIMARY ## or CONTRIBUTING LT	enger in auto				in the	e rear.
O A Heurs a m - While	INJURY OCCURRED 20e. PLACE factor ork at work Md.	CE OF INJURY (Home ary, street, office bldg Hwy#5	]., efc.)		(County)	(Stote) t. Marys, M
21. I certify that I took charge at the apinion death resulted form. Natural	remains described abar			nspection 🔀		-
ACTUAL SIGNATURE	und -	USNAS CHIEF MEDIC	Patuxe AL EXAMINER C	nt Rive		DATE SIGNED
EXAMINER'S NAME (Type) WM. D. BOYD	1 sugar A	4	HEDICAL EXAMINER	_	7-1-	-58
Property Burial Cremation, 226. Date thereof Burial 7/7/58	22c. NAME OF CEMETERY OR	CREMATORY		TION (City, lown, tucket,		e Island
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REC'D BY REGIS	. 10	STRAR'S SIGNAT	LURE
W.Clarke Mattingley L	eonardtown, Me	d. DA	TEJUL 9	18 W.	Leaut	

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### FOR STATE

HEALTH DEPT

e funeral director. Page funeral director. Page repeat for your files. 1 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fune 4 should be forwarded to the Chief Mena Examiner's Office along with form PM3. Page 5 may be referent to FUNERAL DIRECTOR: Page 3 should be seen as a buriol-transit permit. File pages 1 and 2 with the arrist designated agent, prior to buriol, cremation, or removal, and jurative within 72 hours after death execute the certificate, writing the word 4 should be forwarded to the Chief M TO FUNERAL DIRECTOR: Page 3 should or its designated agent, prior to buriol.

VS. A15ME 5M 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8354 Rea. Dist. No.

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	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (V			: Residence befo	re odmission)
	St. Mary's	MARYLAND	o. STATE Mich	igan '	COUNTY	Wayne	
	b. CITY OR TOWN (If existed corporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lir	nits, write RUI	RAL and give ne	arest tawn)
	Mechanicsville	Moments	Detr	oit		59	X-3 /
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	ital, give street address)	d. STREET ADDRESS	1 Russel	1		e. IS RESIDENCE ON A FARM? YES NO X
1	, NAME OF First	Middle		4. DATE			
	DECEASED (Type or print) James	Jerome	GAUTHIER	OF	uly	Day	19 58
	S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 3 8.	DATE OF BIRTH	9. AGE lost bir	thinks 1		F UNDER 24 HRS.
	Male Caucasian WIDOWED	DIVORCED . N	ovember 26	,1931 26	1 1/11	onths Days	Hours Min.
	00. USUAL OCCUPATION (Give kind of work done 10b. KII during most of working life, even if retired) Alrman  U	ND OF BUSINESS OR INDUSTR		or foreign country)		12. CITIZEN OF	WHAT COUNTRY?
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N		(Mai	den na	mo )
	Frederick Joseph GAUTH	TER	Marion E			btaina	
1		OCIAL SECURITY NO. 17. IN	FORMANTO ffici				
	Yes 3-57 to 7-58 36		Patuxe				, USNAS
	18. CAUSE OF DEATH [Enter only one cause per line fo					INTERV	AL BETWEEN AND DEATH
	PART I. DEATH WAS CAUSED BY: CRUS	SHING. CHEST					nutes
1	816 × DUE TO						
	Canditians, if any, which (b)						
	(o), stating the underlying DUE TO					93.9	
3	cause last. (c)						
7	PART II. OTHER SIGNIFICANT CONDITIONS CON					IN PART I(0) 19.	WAS AUTOPSY PERFORMED?
	Fractured ribs, abras	sions and la	cerations,	multipl	e	Y	S NO
	PRIMARY- Or CONTRIBUTING	now injury occurred. (E)				the r	ear.
		JURY OCCURRED   20e. PLAC	E OF INJURY (Home, form	20f. (City or town		(County)	(Stote)
	K Name Santa	Not while Md.	ry, street, office bldg., etc.	)			Marys, Mo
	21. I certify that I took charge of the re			y . Inspecti	on X.	Inquiry .	and in my
	opinion death resulted from: Natura	uses . Accident	Suicide [], I	Homicide,	Undeterm	ined manner	
	ACTUAL J. E. PYEATTE	T IC USNR,	USNAS Patu	xent Riv	er, Md	•	DATE SIGNED
	EXAMINER'S NAME (Type) WM. D. BOYD	Sand MA	ASSISTANT MEDICAL I			7-1	-58
		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (C	ly, lown, or co	ounty)	(State)
	Buriai 7/7/58			Detroit		Michi	igan
	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	Ab. REGISTRA	R'S SIGNATURE	
	W. Clarke Mattingley Le	onardtown, I	Id. DATE J	UL 9 '58	des.	couch	

	WITH SELECTION HOLD IN	SHITTA TO STA			
		EXAMINER:		3868	Liam
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If only delay is necessary, please execute the certificate, writing the word "pending" in pend in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forworded to the Chief March of Examiner's Office along with form PM3. Page 5 may be retirined for your files.

TO FUNERAL DIRECTOR: Page 3 should assed as a burial-transit permit. File pages 1 and 2 with the saved of Health, or its designated agent, prior to burial, cremation, or removal, and in any event/within 72 hours after death. M

VS. ATSME 5M 2/57

### MADVIAND STATE DEPARTMENT OF HEALTH BALTIMORE 19

	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8355	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	Rea. Dist. No.	
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PLACE OF DEATH o. COUNTY St. Mary s	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Marylar		on: Residence before odmission) St. Mary's
b. CITY OR TOWN (It outside corporate limits, write EURAL and give nearest town)  Rural Mechanicsville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write Ri	URAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	al, give street address)	d. STREET ADDRESS		• 15 RESIDENCE ON A FARM? YES A NO
3. NAME OF DECEASED (Type or print) Joseph	Middle Gregory	Harris Jr DAT	7 7	1, Yeor 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 1 8.	DATE OF BIRTH	J	FUNDER IYEAR IF UNDER 24 HRS.
Male White WIDOWED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if refired) Clerk Safeway Store		Aug. 18, 1936 IV 11. BIRTHPLACE (Stole or forei Maryland	gn country)	12. CITIZEN OF WHAT COUNTRY U.S.A.
Joseph G. Harris S		14. MOTHER'S MAIDEN NAME Eloise Gat	ton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unknown)  (If yes, give wor or dotes of service)  No  (1)  (1)  (2)		seph G.Harri:	Addren Hollywo	od, Maryland
18. CAUSE OF DEATH [Enter only one couse per line for PART 1. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)			owning	interval serween posts and plant immediate
A TRIMARI D OF CONTRIBUTING L		OT RELATED TO THE TERMINAL DIS		N IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 1
3 20c, TIME OF INJURY Month, Day, Year 20d, INJ	Not while 20e PLAC factor of work XSt. M		echanicsvi	Mary's, (Stote)
ACTUAL SIGNATURE TOTAL TO THE TAIL TO THE	yl	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
EXAMINER'S William D. Boy	d M.D.	DEPUTY MEDICAL EXAMINI		7/1/58
_REMOVAL (Specify)	St. Aloysiu	S Le	onardtown Gistrar 24b. REGIST	

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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8356 C	ERTIFICA	TE OF	DEATH
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		833	6 CEKTIFIC	ATE OF DEA	AIM		Reg. D	ist. No	J.	
o. COUNTY	. Marys		MARYLAND	2. USUAL RESIDENCE O. STATE	E (Where decease	d lived. If instituti b. COUNTY	-	nce befo		sion)
RURAL ond give	(If outside carporote lim nearest lawn) hanicsvil		c. LENGTH OF STAY IN 16		on (If outside corpo	rote limits, write R				n)
	ITAL (If not in hospital,		oddress)	d. STREET ADDRE	SS	1110				SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	James	rst W.	Middle ashington	Herbert	4. DATE OF DEATH	July	oth 2:	3		Year 1958
s. sex	white	WIDOWI	_		1880	9. AGE (In years last birthday) 78 yrs.	Months	Days	Hours	ER 24 HRS. Min.
Merchan	orking life, even if refired	1)	kind of Business or Indu Gen, Store	JSTRY 11. BIRTHPLACE (		ountry)	12. CI	US.		COUNTR
13. FATHER'S NAME	Samuel P	. He	rbert	14. MOTHER'S MAIE	DEN NAME	urrough	9			
IS. WAS DECEASED EV	ER IN U. S. ARMED FOI	RCES? 16.		INFORMANT		Add				
no				Agnes K.	Herber	t - Mecl	nani	CSV:	ille	, Ma
	EATH [Enter only one content of the	0)	refor (0), (b), and (c).]	lerosis - 4	generaly	id, ser	ere		ERVAL BE	
Conditions, if	ony, which ) (t	0) (	Extensel	Peroxic c	V dese	ase				,
lying cause last	ine under-	()	ardiae	decong	pensa	Kun			1 W	左
S S	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a)	PERFO	AUTOPSY ORMED?
OR CONTRIBUTING	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of inju	ry in Part I or Par	t II af item 18.)				
20c. TIME OF INJU Havr a. m. p. m.	IRY Month, Day, Ye	While of worl	Not while / fo	LACE OF INJURY (Home, actory, street, office bldg	form, 20f. (City	or town)		(County)		(State)
21. I certify I	Not I attended the	decease	N /	1948, to	M, from	$\frac{73}{1958}$ n the causes of	ond on t			
ACTUAL SIGNATURE	Hoy	Zu	yther	M.D. Mus	ADDRESS (S	could	stote)	87	/24/	S8
PHYSICIAN'S NAME (Type)	J. Roy G	uyth	er. MD	Mechan	icsvil	le. Md.				
220. BURIAL, CREMATI		OF .	22c. NAME OF CEMETERY C			TION (City, town,	or county)		(Stote	e)
Burial	7/25/	58	Old Field	Cemetery	Hu	ghesvil:	Le. I	Md.		
3. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	240.	REC'D BY REGIST	RAR Mb. REGU	_		RE	
DD	Dehimaan	Ta	amandtann l	<b>8.3</b>	ILL 2 8 158	1 708 1		. /		

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 3 4 should be forwarded to the Chief Markal Examiner's Office along with form PM3. Page To Funeral DIRECTOR: Page 3 should assed as a buriol-transit permit. File pages 1 on its designated agent, prior to burior, cremation, or removal, and is any event within execute the certificate, writing the ward '
4 shauld be forwarded to the Chief Not
TO FUNERAL DIRECTOR: Page 3 should
or its designated agent, prior to burier,

VS. ATSME BM 2/57

death. If any delay is necessary, please 2, and 3 to the funeral director. Page 5ge 5 may be refried for your files. and 2 with the 12 hours after desir.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8357

-		TUEND US 7911 F	TTHEREDE CITY	-JO SO Keg	J. DIST. INO.
1. PLACE OF DEATH St	. Mary's	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If institution: Reb. COUNTY	esidence before admission)
	f outside corporate limits, write RURA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write RURAL	and give nearest town)
Leonar		D.O.A.	Washir	ngton, D. C.	117x-3
d. NAME OF HOSPIT	TAL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS		e IS RESIDENCE
5	St. Mary's H	lospital	2900 Cor	mecticut Ave.	N.W. YES NO X
3. NAME OF DECEASED (Type or print)	Clyde	Mackall	Hunt	4. DATE Month OF DEATH July	19, Year 19, 19 58
5. SEX	6. COLOR OR RACE 7. A	MARRIED MEVER MARRIED   B	DATE OF BIRTH	Book Street day 4	DER TYEAR IF UNDER 24 HRS.
Male	White win	OWED DIVORCED	7,000	910 48 19 yrs. Month	hs Days Hours Min.
oa. USUAL OCCUPATION Aduring most of working Army Air	ON (Give kind of wark done no life, even if retired) FORCE	10b. KIND OF BUSINESS OR INDUST U.S.Goverment	RY 11. BIRTHPLACE (Stote	7	CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	William Cly	rde Hunt	Martha N	Matilda Knott	
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		rginia k.	Address Hunt 2900 Conn.	Ave.N.W.
PART 1. DEA:  420:/  Conditions, if a gave rise to immer (a), slating the cause last.	diate cause underlying DUE TO (c)	Cors	y De	ngtón, D.C.	INTERVAL BETWEEN ONSET AND DEATH ASSESSED OF THE STREET
<u> </u>		NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	final disease condition given in	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (2)
PRIMARY Or COL	USE WAS INTRIBUTING 1	SCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Par	rt I or Part II of Item 18.)	
20c. TIME OF INJUI	RY Month, Day, Year 19	20d. INJURY OCCURRED   20e. PLAN While   Not while   foctor of work   of work	CE OF INJURY (Home, formory, street, office bldg., etc.	n. 20f. (City or town)	(County) (State)
		the remoins described obo			quiry ond in my
ACTUAL SIGNATURE	Mary	Drand	_M.D. CHIEF MEDICAL E		DATE SIGNED
EXAMINER'S NAME (Type)	William D,	Boyd M.D.	ASSISTANT MEDICAL	~ _	4/19/58
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	7/22/58	Arlington N		Arlington,	Va. (State)
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		D BY REGISTRAR 245 REGISTRAR'S	
Birch Fun	eral Home	Washington, D. C	DATE J	IUL 23 '58 Clurke	educh

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18

2350 CERTIFICATE OF DEATH

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	- UU	Maj_							Mag. Dist.	. 140.	
1. PLACE OF DEATH  o. COUNTY  St.	Mary's		MARYL		o. STATE	NCE (Where		ed. If instituti b. COUNTY	0.	before or	
b. CITY OR TOWN (I RURAL and give no	If outside corporate limit earest town)		c. LENGTH OF STAY II		C. CITY OR TOV	WN (If outsi	de corporate				
	CALIFORMIA  TAL (If not in hospital, gi		10 yrs.		d. STREET ADD		lifor	nıa		1	S RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Frank	it	Middle Paul		Jones	4.	DATE OF DEATH	July	oth 3	Day	Yeor 19 58
5. SEX Male	6. COLOR OR RACE	7. MARR	NEVER MARRIES		DATE OF SIRTH	1890	9.1	AGE (In years ost birthdoy) 7 yrs.			UNDER 24 HRS.
10a. USUAL OCCUPATIOn during most of world Government	ON (Give kind of work d king life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUSTR	Sprin	gfie.	ld, Oh	7)	12. CITIZ	S.A	HAT COUNTRY?
13. FATHER'S NAME	eph Jones				14. MOTHER'S MA			nio			
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INF	DRMANT	II G.	illes	PAG	ress		
(Yes, no. or unknown)	(it yes, give war or dates of se	rvice)		Me]	llie E.	Jone	es Ca	liforn	nia, M	Mary	land
Conditions, if a gave rise to it cause (o), stating lying cause last.	the under- C(c)	0	Teri-	an	lero.	oc.	aneel.	6		10-	AND DEATH
ICATIO	HER SIGNIFICANT CONE	~							EN IN PART 1	PI	VAS AUTOPSY ERFORMED? S NO
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED.	Enter nature of in	ijury in Part	I or Port II o	of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m	Y Month, Day, Yea	While	AJURY OCCURRED 2	20e. PLACI factor	OF INJURY (Honey, street, office bl	ne, form, dg., etc.)	20f. (City or I	own)	(Co	unty)	(State)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Juliar	., 19_5	- )/\	<u>.е</u> м.с	ccurred at	4 TE	A, from th	city or jown.	and an the	date s	the deceased tated above DATE SIGNED
220. BURIAL, CREMATIO BREMOVAL (Specify)			Solomons	TERY OR C	REMATORY	220	. LOCATION	City, town,	or county)		(State)
23. FUNERAL DIRECTOR' W2Clarke	s signature Mattingle	ey L	ADDRESS eonardtow	n,Md			REGISTRAR	24b. REO	STRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 1SM 10/57

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Reg. Dist. No.

	0	001					Reg. Dist.	110.	
1. PLACE OF DEATH COUNTY St.	Mary's	MAR	YLAND	2. USUAL RESID	ence (Where dece	ased lived. If instit b. COUN		before edmis	
RURAL ond give no	foutside carporote limits, earest fown) orge Islan		(IN 1b	/	own (If outside co	proporate limits, write Rur	-	e nearest tow	n)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give	street oddress)		d. STREET AT	ODRESS	Estimate 1		ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Mar	Middle	e	Krist	OVI ch DEA		lanth 4,	Day	Year 19 58
s. sex Female		MARRIED NEVER MARR		Jan 9 1	and the second	9. AGE (In year of state of st		25 Hours	ER 24 HRS.
10a. USUAL OCCUPATIO	ON (Give kind of work donking life, even if retired)	Home		RY 11. BIRTHPL	CE (Stote or foreign)	n country)		S.A.	COUNTRY
13. FATHER'S NAME Un	known Le	beneg		14. MOTHER'S	MAIDEN NAME Unknown				
	R IN U. S. ARMED FORCES (If yes, give war or dates of service			ormant uline V		87 1/2 ago, 111		Archi	е
Conditions, if or gove rise to it couse (o), stoting lying cause lost.	mmediate but 10 DUE 10 (c)	IONS CONTRIBUTING TO DE	ATH BUT A	OT RELATED TO	THE TERMINAL DISI	ease condition (	GIVEN IN PART 1	(o) 19. WAS	AUTOPSY DRMED?
PART II. OTH CHARLES  PART III. OTH CHARL	AS UNDERLYING   200   CAUSE OF DEATH   MEDICAL EXAMINER)	A lenses h	OCCURRED.	Enter noture of	injury in Port I or	Port II of item 18.)			NO D
20c. TIME OF INJUR Hour a. m. p. m.		20d. INJURY OCCURRED White Nat while of work at work	20e. PLAC focto	CE OF INJURY (Fory, street, office	lome, form, 20f. (bldg., etc.)	City or town)	(Coa	unty)	(Stote)
21. I certify the alive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	July 2	peceased from Falls 195 F., and that M.D.			ADDRESS	f, 195 ram the causer (Street, city or tow	n, state)	date state	
22g. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEM	dy s	CREMATORY	22d. lO	CATION (City, taw		Md.	e)
23. FUNERAL DIRECTOR		ADDRESS Leonardtown	n , Mai	1	24g. REC'D BY REC		GIGTRAR'S SIGN	Luc A	

VS A15 (4) 15M 9/55 00

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		836	2 CERTI	FICA	IE OF DEA	AIH		Reg. D	ist. No		
PLACE OF DEATH     a. COUNTY	St. Mary	3	MARY		. USUAL RESIDENCE o. STATE Mar	(Where decease yland	ed lived. If instituti b. COUNTY	-	nce befo		ion)
b. CITY OR TOWN (If RURAL ond give ne	arest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		orote limits, write R	RURAL and	give ne	arest town	1)
OR INSTITUTION	AL (If not in hospital, g	jive street	address)		. STREET ADDRE					ON A	SIDENCE FARM?
Rur 3. NAME OF	· A I	-1	Middle			4. DATE					NO 2
DECEASED (Type or print)	JOH		middle		LONG Last	OF DEATH	July	14	Do	,	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIE		DATE OF BIRTH	889	9. AGE (In years lost birthday) 69 yrs.	IF UNDE Manths	R 1 YEAR Days	Hours	ER 24 HRS Min.
10a. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired	)				-	country)	12. CI	TIZEN C		COUNTR
Carper 13. FATHER'S NAME	iter		Construct	ion	14. MOTHER'S MAIL	yland			USA		
	seph 0.	Long		100		Baile	v				
15. WAS DECEASED EVER		envice)	SOCIAL SECURITY NO		ORMANT		Add	ress			
no			77-26-05	5 Wm.	B. Long	-Faul	kner, Ma	aryla	md		
Conditions, if an gave rise to in cause (a), stating t lying cause last.  PART II. OTH	he under DUE TO	DITIONS C	CONTRIBUTING TO DEA	fe	OT RELATED TO THE T		SE CONDITION GIV	VEN IN PAI	Sis 1	19. WAS PERFO	yrs
20c. TIME OF INJURY	S UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day, Ye	or 20d. It	NJURY OCCURRED  Not while	20e. PLAC	E OF INJURY (Home, y, street, office bldg	farm,   20f. (Cit			(County)		(State)
	at I attended the	decease , 192	ed from June and that	death a	ccurred at L	ADDRESS (S				te state	ed abov
220. BURIAL, CREMATION REMOVAL (Specify)	7/17/5		22c. NAME OF CEME Sacred				ITION (City, town, o		yla	nd (Stot	e)
P.B. Ro		Leon	address	Ma.		REC'D BY REGIS		SYRAR'S SI	CNATU	RE	

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	U.B.W				Reg. Dist. I	10.
1. PLACE OF DEATH				(Where deceased lived, If		before admission)
	St. Marys	MARYLAN	o. STATE Mary	rland b. cc	St. N	Jarvs
b. CITY OR TOWN	(It outside corporate limits, write	RURAL C. LENGTH OF STAY IN 1	c. CITY OR TOWN	(If outside corporate limits,	write RURAL and give	nearest town)
Lec	nardtown		X Lec	nardtown		
d. NAME OF HOSPI	ITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS		4-4-4-6-	e. IS RESIDENCE ON A FARM?
	Rural		Rur	al		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month Do	y Year
(Type or print)	CALVERT	IGNATIUS	NORRIS	DEATH Jul	v 7	19 58
5. SEX	6. COLOR OR RACE	MARRIED NEVER MARRIED		9. AGE (In ye	OR LIFUNDER TYPA	
male	white	WIDOWED DIVORCED	June 9, 19	30 40	yrs. Months Days	Hours Min.
100. USUAL OCCUPAT	ION (Give kind of work do	one 10b. KIND OF BUSINESS OR IND			12. CITIZEN	OF WHAT COUNTRY
	ing life, even if retired)	Civil Service	Mor	bee fee	USA	3-6-4-5-3
13. FATHER'S NAME	arr em.	OTALL DELAIG	14. MOTHER'S MAIDEN	yland	USE	
	ndnew T N	Vorris				
15. WAS DECEASED ET	VER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17	Informant		dress	
(Yes, no, er unknown)	[If yes, give war or dates of se	rvice)				162
no	ATU (E. t. anh. and ann.		lary E. Norr	18 - Peopa	rdtown,	Md.
	ATH VAS CAUSED BY:	e per line for (o), (b), and (c).]			OF	TERVAL BETWEEN
11001	IMMEDIATE CAUSE (0)	Coronary oc	clusion		in	med.
400.1	DUE TO					
Conditions, if						
gove rise to imme				1,121,1121,1123		
couse lost.	(c)_					
PART II. OT	THER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY
PART II. OT						PERFORMED?
20g. EXTERNAL CA PRIMARY OF CC CAUSE OF DEATH	USE WAS 20b.	DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in P	ort I or Port II of ilem 18.)		
CAUSE OF DEATH	WIKIBUTING L					
3 20c. TIME OF INJU	JRY Month, Day, Year	20d. INJURY OCCURRED   20e. F	PLACE OF INJURY (Home, fo	rm, i 20f. (City or town)	(County)	(Stote)
20c. TIME OF INJU		While Not while f	actory, street, office bldg., e	tc.)		
			ritton Bay	Leonardto		larys Md
		of the remains described a				, and find tha
death resulted	rrom: Natural co	ouses X, Accident , S	Suicide 🔲, Hamicio	de, Undetermine	ed cause .	
ACTUAL	Mal.	An O				DATE SIGNED
SIGNATURE	" Win	V / Dans	M.D. CHIEF MEDICAL	EXAMINER [		DATE STORED
EXAMINER'S		1	ASSISTANT MEDI	CAL EXAMINER	7/9/	<b>'</b> 58
NAME (Type)	Wm. D. Bo	ovd. MD	DEPUTY MEDICA	L EXAMINER		
220. BURIAL, CREMATIO	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, to	wn, or county)	(State)
Burial	7/10/58	Our Ladies	Cemeterv	Leonard	. bM . rwo.	
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		Marie Street of the later of th	REGISTRAL'S SIGNAT	URE
P.R	Robinson -	Leonardtown	MA DATE	ANT 1 2 .20	My edu	Vn.

VS. A15ME(5) 5M 9/55

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### FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief M. All Examiner's Office along with farm PM3. Page 5 may be the edge of or your files. TO FUNERAL DIRECTOR: Page 3 should a so burial-transit permit. File pages 1 and 2 with the Board of Health, at its designated agent, prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8365 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08363

Rea Dist No.

	Reg. Dist.	No.
PLACE OF DEATH U. S. Naval Air Station	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
St. Mary's County, Patuxent Rywy	STATE Washington, D. COUNTY	
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If autside carporate limits, write RURAL and giv	ve nearest town)
Patuxent River   Few hours	Washington, D. C. 47	X-3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENC
	5345 Chillum Place, N. E.	· YES NO
NAME OF First Middle	Last 4. DATE Month D	Doy Yeor
(Type or print) Dennis Lee		3 19 58
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	A Section of the sect	
Male Caucasiary DOWED DIVORCED	18 Dec 1948   Operation of the partition	s Hours Min.
to. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTION of working life, even if retired)		OF WHAT COUNT
	Washington, D. C. U	.S.
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Morris Pincus	Ann Bloom	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	Morris Pincus (Father)	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		INSET AND DEATH
	ALVISOLLE	
929. DUE TO	arroning	
929. DUE TO	arroning	
929. DUE TO Canditions, if any, which gave rise to immediate cause	arroning	
Canditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO	arroning	
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  DUE TO  DUE TO  (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	o) 19, WAS AUTOPS
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  DUE TO  DUE TO  (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  DUE TO  DUE TO  (c)		PERFORMED?
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. EXTERNAL CAUSE WAS PRIMARY EL OF CONTRIBUTING	Enter noture of injury in Part t at Part II of item 18.)	PERFORMED?
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING COURSED.  CAUSE OF DEATH.	Enter noture of injury in Part t ar Part II of item 18.)  Manual, in Patricant Prior of Faths  ACE OF INJURY Home, form, 1201. (City or lows) 1 (County)	PERFORMED? YES NO D
DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PL. Hour a. m. White Not white	Enter noture of injury in Part t ar Part II of item 18.)	YES NO DE
DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. EXTERNAL CAUSE WAS PRIMARY ET OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED LOSS. PL. White Not white 1965 of work at wark 12.	Enter noture of injury in Part t ar Part II of item 18.)  Insure in Patricent Prior of Falls  ACE OF INJURY Home, form, 20t. (City or lown)  19ry, street, affice blog., etc.)  Left Hood an Hiller	PERFORMED? YES NO DE  (Stote)
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY BOT CONTRIBUTING CAUSE OF DEATH.  200. TIME OF INJURY Month, Day, Yeor 200. INJURY OCCURRED 200. PL. While Not white at wark 200. To set work 200. T	Enter noture of injury in Port t ar Port II of item 18.)  In and in Patrician Prison of Enter  ACE OF INJURY Home, form, 20t. (City or lowe)  1 pry, street, affice blogs, etc.)  Left House  ave, held an Autapsy , Inspection , Inquiry	PERFORMED? YES NO DE  THE ME STOTE (Stote)  And in m
DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. EXTERNAL CAUSE WAS PRIMARY ET OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED LOSS. PL. White Not white 1965 of work at wark 12.	Enter noture of injury in Part t ar Part II of item 18.)  Line Patron Patron State  ACE OF INJURY Home, farm, 1201. (City or laws)  I pry, street, affice bidg., etc.)  Line Home are  Ace, held an Autapsy Inspection Inquiry	PERFORMED? YES NO DE  THE ME STORE (Stote)  And in m
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DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH BUT  200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. Hour a.m. July 1965 of work at work 21. 1 certify that I tabk charge af the remains described aboration death resulted fram: Natural causes , Accident	ACE OF INJURY Home, farm, 120t. (City or laws)  Ace of injury Home, farm, 120t. (City or laws)  Ace of injury Home, farm, 120t. (City or laws)  Ace of injury Home, farm, 120t. (City or laws)  Act of injury Home, farm, 120t. (City or laws)  Act of injury Home, farm, 120t. (City or laws)  Act of injury Home, farm, 120t. (City or laws)  Act of injury in Part t ar Part II of item 18.)  Act of injury in Part t are injury in	PERFORMED? YES NO DE  Stote  Stote  And in m
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. EXTERNAL CAUSE WAS PRIMARY TO GO CONTRIBUTING TO DEATH BUT  20b. DESCRIBE HOW INJURY OCCURRED. CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to PL. White Not white Not white at work of work of work of work of work apinion death resulted fram: Natural causes , Accident	ACE OF INJURY Home, farm, 120t. (City or laws)  Ace of injury Home, farm, 120t. (City or laws)  Ace of injury Home, farm, 120t. (City or laws)  Ace of injury Home, farm, 120t. (City or laws)  Ace of injury Home, farm, 120t. (City or laws)  Accounty Home  Accoun	PERFORMED? YES NO DE  Stote  Stote  And in m
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. EXTERNAL CAUSE WAS PRIMARY TO GO TONTRIBUTING TO DEATH BUT  20b. DESCRIBE HOW INJURY OCCURRED. CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PL Hour a. m. 1965 at work at wark at wark appinion death resulted fram: Natural causes . Accident  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  DUE TO  (c).  20b. DESCRIBE HOW INJURY OCCURRED. 20e. PL While at work at wark at w	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	PERFORMED? YES NO DE  Stote  Stote  And in m
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT  200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. PL. Hour a. m. 12-3c p. m. 1	Enjer noture of injury in Part t ar Part II of item 18.)  ACE OF INJURY Home, farm, 201. (City or lawn) 1  Lery, Ireet, affice bldg., etc.) 1  Levy, Ireet, affice bldg., etc.	PERFORMED? YES NO D  The little was a series of
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT  200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. PL. Hour a. m. 12-3c p. m. 1	Enter noture of injury in Port t ar Port II of item 18.)  ACE OF INJURY Home, form, 20t. (City or lown)   (County)    Injury, street, office blogs, etc.)   (City or lown)   (County)    Ave, held an Autapsy   Inspection   Inquiry    ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER    DEPUTY MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER    DEPUTY MEDICAL EXAMINER   ASSISTANT MEDICAL EX	PERFORMED? YES NO D  The little was a series of

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After this

registrar within 72 hours after by the funeral director, the the

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

third copy

within 24 hours after death.

## The law requires that the death certificate be ATTENDING PHYSICIAN OR HE PITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08365

### 8367 CERTIFICATE OF DEATH

	keg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY St. Mary's MARYLAND	STATE Maryland COUNTY Princhaseorge
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL end give neerest town)
TOWN Rural Compton 6 days	TOWNDistrict Heights // X-2
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
STREET ADDRESS	ADDRESS 2909 Ramblewood Drive
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Year)
(Type or Print) William A. Rt	ussell DEATH July 24, 19 58
S. SEX   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE O	
Male White   (Specify) Married   Sept.	.25,1895 62 yrs. 19nths 29 Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
refired) Retired U.S. Government	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Russell	Mary Alice Abell
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, no. or unk.) (If Yes, give wer or dates of service) None	Ida V. Russell 2909 Ramblewood Dv
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
No. t	ONSET AND DEATH
1 IMMEDIATE CAUSE (A) Heur Corono	my outlissen. 15 min.
ANTECEDENT CAUSE(S) DUE TO	dia manda di m
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING HIMBERIVING CAUSE LAST DUE TO	THE CONCERT CITEBLE 2973.
STATING UNDERLYING CAUSE LAST. DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21f. HOW DID INJURY OCCUR?
M. at work at well at	
22. I hereby certify that I attended the deceased from.	1958, to 24 July, 1958, that I last saw the deceased
alive on 24 Sury, 1958, and that death occurred at.	
SIGNATURE	ADDRESS (Streat, city, town, stee) DATE SIGNED
Joseph E. dill M.D.	Leonal tour, Md. 7/25/58.
23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (Stata)
Burial 7/28/58 Arlington	National Arlington, Va.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE	W. Clarke Mattingley Leonardtown, Md.
	The state of the s

### SHIT CERTIFICATE OF DEATH

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